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# GAMMIS Batch and Interactive Health Care Eligibility Inquiry and Response Transaction 270/271 Companion Guide 004010 X092A1

Georgia Medicaid Management Information System  
Fiscal Agent Services Project

Version 1.6

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## Document Control

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# 1 Introduction

The Health Insurance Portability and Accountability Act (HIPAA) requires that Medicaid and all other health insurance payers in the United States comply with the EDI standards for health care as established by the Secretary of Health Services. The ANSI X12N implementation guides have been established as the standards of compliance for claim transactions.

The following information is intended to serve only as a companion guide to the HIPAA ANSI X12N implementation guides. The use of this guide is solely for the purpose of clarification. The information describes specific requirements to be used for processing data. This companion guide supplements, but does not contradict any requirements in the X12N implementation guide. Additional companion guides/trading partner agreements will be developed for use with other HIPAA standards, as they become available.

Additional information on the *Final Rule for Standards for Electronic Transactions* can be found at <http://aspe.hhs.gov/admsimp/final/txfin00.htm>. The HIPAA Implementation Guides can be accessed at [http://www.wpc-edi.com/hipaa/HIPAA\\_40.asp](http://www.wpc-edi.com/hipaa/HIPAA_40.asp).

## 1.1 Purpose

The 270 Transaction Set is used to transmit Health Care Eligibility Benefit Inquiries from health care providers, clearinghouses and other health care adjudication processors. The 270 Transaction Set can be used to make an inquiry about the type of insurance plan, type of service performed, where the inquiry is initiated, where the inquiry is sent.

The 271 Transaction Set is used to respond to Health Care Eligibility Benefits Inquiries as the appropriate response mechanism. There are several levels that allow for rejection of incomplete or erroneously formatted inquiry transactions. The detail mechanism is a segment named "AAA" at the appropriate level with the transaction set (e.g., Information Source, Information Receiver, Patient, etc.) When one or more of these segments is generated, the transaction set only contains segments at that level and no further detail information is provided.

## 1.2 Special Considerations for 270/271 Transactions

### 1. Subscriber, Insured = Member in the Georgia Medicaid Eligibility Verification System:

The Georgia Medicaid Eligibility Verification System does not allow for dependents to be enrolled under a primary subscriber, rather all enrollees/Members are primary subscribers within each program or Managed Care Organization. If Dependent Level Segments are received, they will be ignored during processing and will not be returned in the response.

### 2. Logical File Structure:

- a. For Batch 270/271 transactions, there can be only one interchange (ISE/IEA) per logical file. The interchange can contain multiple functional groups (GS/GE) however; the functional groups must be the same type.
- b. For Interactive 270/271 transactions, there can be only one interchange (ISA/IEA), one functional group (GS/GE) and one transaction (ST/SE) per logical file. Within the



transaction (ST/SE) there can only be one request. This has been defined as the EQ segment within Loop 2110C.

- c. For Batch 270/271 transactions, if multiple information source loops (1000A) are received within the 270 transaction (ST/SE) multiple 271 transactions (ST/SE) will be generated. For example: 270 submitted with 1 ST/SE, within that ST/SE there are 2 information source loops, the 271 returned will contain 2 ST/SE's.
- d. For Batch 270/271 transactions, if multiple information receiver loops (1000B) are received within the 270 transaction (ST/SE) multiple 271 transactions (ST/SE) will be generated. For example: 270 submitted with 1 ST/SE, within that ST/SE there are 2 information receiver loops, the 271 returned will contain 2 ST/SE's.

### 3. **Compliance Checking:**

Inbound 270 transactions are validated through SNIP Level 4. All other levels will be validated with the Georgia Medicaid Management Information System (GAMMIS).

### 4. **Valid Combinations of Member Data for Eligibility request:**

- a. Member ID and Date of Service.
- b. Member First/Last Name, SSN, and Date of Service.
- c. SSN, DOB, and Date of Service.
- d. Member First/Last Name, DOB, Gender and Date of Service (If multiple "finds" in this situation - an AAA segment is created with an error code of 76 and the message of "More than one Member found for the search criteria").

**Note:** If Date of Service is not received, the day the transaction was processed will be considered Date of Service.

### 5. **Multiple Birth Situations:**

The Georgia Medicaid system does not store birth sequence identifiers. The system will use the member's first name and member's last name submitted when searching for eligibility information to distinguish between individuals in a multiple birth situation.

### 6. **Information Receiver (Provider Information 2100B Loop):**

All covered entities must use their NPI within the 2100B-NM109 on the 270 request. If, the Georgia Medicaid Provider ID is received, and the MMIS determines that an NPI should have been present, the 271 response will contain an AAA03=51 (Provider Not on File).

Non-covered entities will use their Georgia Medicaid Provider ID within the 2100B-NM109.



## 2 Transmission and Data Retrieval Methods

HP Enterprise Services supports several types of data transport depending upon the provider's, trading partners or billing agent's needs. Providers and their representatives submit and receive data using: Web Portal, Remote Access Server (RAS), Secure File Transfer Protocol (SFTP) and/or Value Added Networks (VANs) for interactive transactions.

1. Web portal: Data is transmitted using the secure Web Portal. The Web Portal is normally available to customers 24 hours per day, seven days per week with the exception of scheduled maintenance. Submission options are Direct Data Entry (DDE) and Batch. The GAMMIS Web Portal (as a single gateway) is an important tool providing general and program specific information and links to other programs, applications, related agencies, and resources. The Web Portal has both secure (intranet) and non-secure (public internet) areas.
2. Remote Access Server (RAS): The RAS enables providers to access all options of the secure Web portal without the use of an Internet Service Provider. This option is available to users who do not have an existing Internet connection. The RAS server typically supports users that need a dial-up option. Trading partner data transmitted using the RAS can be transmitted the same as the Internet secure site using DDE or upload batch transactions.

After the connection is established, the landing page is presented. A user either logs on and is presented with their secure provider page, or selects 'register' if they are a first-time user.

Once logged on, the user will have access to the various secure Web portal options, including File Upload and File Download for EDI transactions.

3. Secure File Transfer Protocol (SFTP): SFTP uses Secure Shell (SSH) to encrypt and then securely transmit data across a potentially unsecured connection. Functionally SFTP (required) is similar to FTP, but offers protection to sensitive data. Secure Shell or SSH is a network protocol that allows data to be exchanged using a secure channel between two networked devices.

This option allows provider, vendors, and all other trading partners to transfer claim files to HP Enterprise Services using the secure file transfer protocol server. Trading partners must notify us specifically if wishing to use this transmission method to transmit files.

HP Enterprise Services requires that the SFTP submitters send their public key and HP Enterprise Services exchanges its public key with the submitter for encryption purposes. HP Enterprise Services will setup a username and password for the submitter to access the server.

4. Value Added Networks (VANs): VANs support interactive transactions for established vendors. VANs sign contracts with the State and set up unique VAN-specific communication arrangements with HP Enterprise Services.
5. Detailed information to assist with EDI related processes are available on the Provider Public Web site at: [www.mmis.georgia.gov](http://www.mmis.georgia.gov).



## 2.1 File/System Specifications

EDI will only accept Windows\PC\DOS formatted files.

EDI requires file extensions. Preferred extension is .dat, however other extensions such as .txt, .edi, .txn are allowed.

For batch: EDI will allow no more than 100,000 requests. The definition of a request is an EQ segment within 2100C loop. If the file size is 5MB or larger it must be zipped or compressed.

EDI will allow upload and download of zipped or compressed files.

\*Zipped files must not contain directory folders and should contain only individual files.

The Web portal is designed, but not limited to support the following Internet browsers:

1. Internet Explorer, version 6 or later
2. Firefox, version 1.5 or later



### 3 Transmission Responses

For every transaction received, there is an expected response. The available responses are an Interchange Acknowledgement (TA1), a Functional Acknowledgement (997), and a 271 Eligibility Response to a 270 Eligibility Inquiry.

Once a transaction is received, it will go through a 'front end' compliance check called a TA1. The TA1 Acknowledgement is a means of replying to an interchange or transmission that has been sent. The TA1 verifies the envelopes only. The TA1 is a single segment and is unique in the sense that this single segment is transmitted without the GS/GE envelope structure. The TA1 segment provides the capability for the receiving trading partner to notify the sending trading partner of problems that were encountered in the interchange control structure.

#### For Batch:

Once the 270 transaction has passed the 'front end' compliance checks it then goes through a syntax compliance edit. This edit is to verify the compliance within the ANSI X12 syntax according to the HIPAA Implementation Guides. The 270 transaction will receive a Functional Acknowledgement (997) to provide feedback on the transaction. The 997 functional acknowledgement contains accepted or rejected information. If the transaction contains any syntactical errors, the segments and elements in which the error occurred will be reported in a rejected acknowledgement. If the transaction contains no syntactical errors, a positive 997 response will be generated and the transaction is passed on for processing and a 271 transaction will be generated.

#### For Interactive:

If the 270 transaction fails compliance, a 997 will be returned. Once the 270 transaction has passed the 'front end' compliance check it then goes through a syntax compliance edit. This edit is to verify the compliance within the ANSI X12 syntax according to the HIPAA Implementation Guide. If the transaction contains no syntactical errors, the 270 transaction is passed on for processing and a 271 transaction will be generated.



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## 4 EDI Support

The HP Enterprise Services EDI Service Team is available to support trading partners and providers that exchange transactions electronically. Support functions include:

1. Enrollment processing for trading partners requesting to submit transactions electronically
2. Installation assistance and submission support for Provider Electronic Solutions (PES) software
3. Provide assistance to billing agents, clearinghouses and software vendors
4. Identifying and troubleshooting technical issues
5. Data Exchange help

The EDI staff will be available Monday through Friday 8:00 a.m. to 5:00 p.m. EST by calling 877-261-8785 or 770-325-9590.



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## 5 Control Segment Definitions For Georgia Medicaid 270/271 Transaction

Note the page numbers listed below in each of the tables represent the corresponding page number in the X12N 270/271 HIPAA Implementation Guide.

<b>X12N EDI Control Segments</b>
ISA – Interchange Control Header Segment IEA – Interchange Control Trailer Segment GS – Functional Group Header Segment GE – Functional Group Trailer Segment ST – Transaction Set Header SE – Transaction Set Trailer TA1 – Interchange Acknowledgement

### 5.1 ISA - Interchange Control Header Segment

Communications transport protocol interchange control header segment. This segment within the X12N implementation guide identifies the start of an interchange of zero or more functional groups and interchange-related control segments. This segment may be thought of traditionally as the file header record.

<b>270/271 Eligibility Benefit Inquiry/Response</b>				
<b>Page</b>	<b>Loop</b>	<b>Segment</b>	<b>Data Element</b>	<b>Comments</b>
B.3	N/A	ISA	ISA01 - Authorization Information Qualifier	'00' – No Authorization Information Present
B.3	N/A	ISA	ISA02 - Authorization Information	[space fill]
B.4	N/A	ISA	ISA03 - Security Information Qualifier	'00' – No Security Information Present
B.4	N/A	ISA	ISA04 - Security Information	[space fill]
B.4	N/A	ISA	ISA05 - Interchange ID Qualifier	'ZZ' – Mutually Defined
B.4	N/A	ISA	ISA06 - Interchange Sender ID	<b>270:</b> 'Trading Partner ID' Supplied by Georgia Medicaid left justified and space filled. The Trading Partner ID, will be the same Trading Partner ID used



<b>270/271 Eligibility Benefit Inquiry/Response</b>				
<b>Page</b>	<b>Loop</b>	<b>Segment</b>	<b>Data Element</b>	<b>Comments</b>
				<p>in current system.</p> <p><b>271:</b></p> <p>'77034' – GA MMIS Trading Partner ID.</p> <p>Left justified and space filled.</p> <p><b>Note:</b> Current system this value was 100000.</p>
B.4	N/A	ISA	ISA07 - Interchange ID Qualifier	'ZZ' – Mutually Defined
B.5	N/A	ISA	ISA08 - Interchange Receiver ID	<p><b>270:</b></p> <p>'77034' – GA MMIS Trading Partner ID.</p> <p>Left justified and space filled.</p> <p><b>Note:</b> Current system this value was 100000.</p> <p><b>271:</b></p> <p>'Trading Partner ID' Supplied by Georgia Medicaid left justified and space filled. The Trading Partner ID, will be the same Trading Partner ID used in current system.</p>
B.5	N/A	ISA	ISA09 - Interchange Date	The date format is YYMMDD.
B.5	N/A	ISA	ISA10 - Interchange Time	The time format is HHMM.
B.5	N/A	ISA	ISA11 - Interchange Control Standards Identifier	'U' – Interchange Control Standards Identifier
B.5	N/A	ISA	ISA12 - Interchange Control Version Number	'00401' – Control Version Number
B.5	N/A	ISA	ISA13 - Interchange Control Number	Interchange Unique Control Number – Must be identical to the interchange trailer IEA02
B.6	N/A	ISA	ISA14 - Acknowledgment Request	<p><b>270:</b></p> <p>'1' – Acknowledgement Requested</p> <p><b>271:</b></p> <p>'0' – No Acknowledgement Requested</p>



<b>270/271 Eligibility Benefit Inquiry/Response</b>				
<b>Page</b>	<b>Loop</b>	<b>Segment</b>	<b>Data Element</b>	<b>Comments</b>
B.6	N/A	ISA	ISA15 - Usage Indicator	'T' - Test Data 'P' - Production Data
B.6	N/A	ISA	ISA16 - Component Element Separator	'.' - Component Element Separator

## 5.2 IEA - Interchange Control Trailer

Communications transport protocol interchange control trailer segment. This segment within the X12N implementation guide defines the end of an interchange of zero or more functional groups and interchange-related control segments. This segment may be thought of traditionally as the file trailer record.

<b>270/271 Eligibility Benefit Inquiry/Response</b>				
<b>Page</b>	<b>Loop</b>	<b>Segment</b>	<b>Data Element</b>	<b>Comments</b>
B.7	N/A	IEA	IEA01 - Number of included Functional Groups	Number of included Functional Groups
B.7	N/A	IEA	IEA02 - Interchange Control Number	Must be identical to the value in ISA13

## 5.3 GS – Functional Group Header

Communications transport protocol functional group header segment. This segment within the X12N implementation guide indicates the beginning of a functional group and provides control information concerning the batch of transactions. This segment may be thought of traditionally as the batch header record.

<b>270/271 Eligibility Benefit Inquiry/Response</b>				
<b>Page</b>	<b>Loop</b>	<b>Segment</b>	<b>Data Element</b>	<b>Comments</b>
B.8	N/A	GS	GS01 - Functional ID Code	<b>270:</b> 'HS' – Eligibility, Coverage or Benefit Inquiry <b>271:</b> 'HB' – Eligibility, Coverage or Benefit Information
B.8	N/A	GS	GS02 - Application Sender's Code	This will be equal to the value in ISA06.
B.8	N/A	GS	GS03 - Application Receiver's Code	This will be equal to the value in ISA08.



270/271 Eligibility Benefit Inquiry/Response				
Page	Loop	Segment	Data Element	Comments
B.8	N/A	GS	GS04 - Date	The date format is CCYYMMDD.
B.8	N/A	GS	GS05 – Time	The time format is HHMM.
B.9	N/A	GS	GS06 - Group Control Number	Group Control Number
B.9	N/A	GS	GS07 - Responsible Agency Code	'X' – Responsible Agency Code
B.9	N/A	GS	GS08 - Version/Release/ Industry ID Code	'004010X092A1' – Version / Release / Industry Identifier Code

#### 5.4 GE – Functional Group Trailer

Communications transport protocol functional group trailer segment. This segment within the X12N implementation guide indicates the end of a functional group and provides control information concerning the batch of transactions. This segment may be thought of traditionally as the batch trailer record.

270/271 Eligibility Benefit Inquiry/Response				
Page	Loop	Segment	Data Element	Comments
B.10	N/A	GE	GE01 – Number of Transaction Sets Included	Number of included Transaction Sets
B.10	N/A	GE	GE02 – Group Control Number	Must be identical to the value in GS06.

#### 5.5 ST – Transaction Set Header

Communications transport protocol transaction set header segment. This segment within the X12N implementation guide indicates the start of the transaction set and assigns a control number to the transaction. This segment may be thought of traditionally as the claim header record.

270/271 Eligibility Benefit Inquiry/Response				
Page	Loop	Segment	Data Element	Comments
36/154	N/A	ST	ST01 – Transaction Set Identifier Code	'270' – Eligibility, Coverage or Benefit Inquiry '271' – Eligibility, Coverage or



<b>270/271 Eligibility Benefit Inquiry/Response</b>				
<b>Page</b>	<b>Loop</b>	<b>Segment</b>	<b>Data Element</b>	<b>Comments</b>
				Benefit Information
37/155	N/A	ST	ST02 – Transaction Set Control Number	Transaction Control Number

## 5.6 SE – Transaction Set Trailer

Communications transport protocol transaction set trailer. This segment within the X12N implementation guide indicates the end of the transaction set and provides the count of transmitted segments (including the beginning (ST) and ending (SE) segments). This segment may be thought of traditionally as the claim trailer record.

<b>270/271 Eligibility Benefit Inquiry/Response</b>				
<b>Page</b>	<b>Loop</b>	<b>Segment</b>	<b>Data Element</b>	<b>Comments</b>
147/341	N/A	SE	SE01 – Number of Included Segments	Total Number of Segments included in Transaction Set Including ST and SE.
147/341	N/A	SE	SE02 – Transaction Set Control Number	Must be identical to the value in ST02.

## 5.7 TA1 – Interchange Acknowledgement

The TA1 Acknowledgement is a means of replying to an interchange or transmission that has been sent. The TA1 verifies the envelopes only. The TA1 is a single segment and is unique in the sense that this single segment is transmitted without the GS/GE envelope structure. The TA1 segment provides the capability for the receiving trading partner to notify the sending trading partner of problems that were encountered in the interchange control structure.

<b>270 Eligibility Verification Request</b>				
<b>Page</b>	<b>Loop</b>	<b>Segment</b>	<b>Data Element</b>	<b>Comments</b>
B.11	N/A	TA1	TA101 - Interchange Control Number	Interchange control number of the original interchange received (ISA/IEA)
B.11	N/A	TA1	TA102 - Interchange Date	The date format is YYMMDD. Date within the original interchange received (ISA/IEA)
B.11	N/A	TA1	TA103 - Interchange Time	The time format is HHMM. Time within the original



<b>270 Eligibility Verification Request</b>				
<b>Page</b>	<b>Loop</b>	<b>Segment</b>	<b>Data Element</b>	<b>Comments</b>
				interchange received (ISA/IEA)
B.12	N/A	TA1	TA104 - Interchange Acknowledgement Code	'A' – Transmitted interchange control structure header/trailer received without errors. 'E' – Transmitted interchange control structure header/trailer received and accepted, errors are noted. 'R' – Transmitted interchange control structure header/trailer rejected due to errors.
B.12	N/A	TA1	TA105 - Interchange Note Code	See Implementation Guide for valid values

## 5.8 Valid Delimiters

The following delimiters must be used for the 270 Eligibility Inquiry for Georgia Medicaid; otherwise the transaction will not process correctly.

<b>Definition</b>	<b>ASCII</b>	<b>Decimal</b>	<b>Hexadecimal</b>
Segment Separator	~	126	7E
Element Separator	*	42	2A
Compound Element Separator	:	58	3A

The above delimiters will also be used for the 271 Eligibility Response for Georgia Medicaid, unless otherwise requested by a trading partner.



## 6 Companion Guide For The 270 Transaction

This section specifies X12 270 fields for which Georgia Medicaid has specific requirements.

<b>270 Eligibility Verification Request</b>				
<b>Page</b>	<b>Loop</b>	<b>Segment</b>	<b>Data Element</b>	<b>Comments</b>
<b>Header Level</b>				
39		BHT	BHT02 – Transaction Set Purpose Code	'13' - Request
<b>Information Source Level</b>				
42	2000A	HL	HL01 - Hierarchical ID Number	'1' – Hierarchical ID Number
42	2000A	HL	HL03 - Hierarchical Level Code	'20' – Information Source
43	2000A	HL	HL04 - Hierarchical Child Code	'1' – Additional Subordinate HL Data Segment in this Hierarchical Structure
<b>Information Source Name</b>				
45	2100A	NM1	NM102 - Entity Type Qualifier	'2' – Non-Person Entity
45	2100A	NM1	NM103 - Name Last or Organization Name	'GEORGIA HEALTH PARTNERSHIP'
46	2100A	NM1	NM108 - Identification Code Qualifier	'PI' – Payer Identification
46	2100A	NM1	NM109 - Identification Code	'77034' – Georgia Medicaid Payer ID
<b>Information Receiver Level</b>				
48	2000B	HL	HL01 - Hierarchical ID Number	'2' – Hierarchical ID Number
48	2000B	HL	HL02 - Hierarchical Parent ID Number	'1' – Parent ID Number
48	2000B	HL	HL03 – Hierarchical Level Code	'21' – Information Source



<b>270 Eligibility Verification Request</b>				
<b>Page</b>	<b>Loop</b>	<b>Segment</b>	<b>Data Element</b>	<b>Comments</b>
49	2000B	HL	HL04 - Hierarchical Child Code	'1' – Additional Subordinate HL Data Segment in this Hierarchical Structure
<b>Information Receiver Name</b>				
50	2100B	NM1	NM101 - Entity Identifier Code	'1P' – Provider
52	2100B	NM1	NM108 - Identification Code Qualifier	'SV' – Service Provider Number 'XX' - NPI
52	2100B	NM1	NM109 - Identification Code	If NM108='SV' (Georgia Medicaid Provider Number) If NM108='XX' (NPI)
59	2100B	N4	N403 - Postal Code	Information Receiver Zip Code
64	2100B	PRV	PRV01 - Provider Code	Provider Code
65	2100B	PRV	PRV02 - Reference Identification Code	'ZZ' – Health Care Provider Taxonomy
65	2100B	PRV	PRV03 - Provider Specialty Code	Provider Taxonomy Code
<b>Subscriber Level</b>				
67	2000C	HL	HL01 - Hierarchical ID Number	'3' – Hierarchical ID Number
68	2000C	HL	HL02 - Hierarchical Parent ID Number	'2' – Parent ID Number
68	2000C	HL	HL03 - Hierarchical Level Code	'22' - Subscriber
68	2000C	HL	HL04 - Hierarchical Child Code	'0' - No Subordinate HL Segment Hierarchical Structure



<b>270 Eligibility Verification Request</b>				
<b>Page</b>	<b>Loop</b>	<b>Segment</b>	<b>Data Element</b>	<b>Comments</b>
<b>Inquiry by Member ID</b>				
71	2100C	NM1	NM101 - Entity Identifier Code	'IL' – Insured or Subscriber
72	2100C	NM1	NM102 - Entity Type Qualifier	'1' – Person
73	2100C	NM1	NM108 - Identification Code Qualifier	'MI' - Member ID
73	2100C	NM1	NM109 - Identification Code	Georgia Member Medicaid ID
<b>Inquiry by Name and Social Security Number</b>				
71	2100C	NM1	NM101 - Entity Identifier Code	'IL' – Insured or Subscriber
72	2100C	NM1	NM102 - Entity Type Qualifier	'1' – Person
72	2100C	NM1	NM103 - Name Last or Organization Name	Member Last Name
72	2100C	NM1	NM104 - Name First	Member First Name
76	2100C	REF	REF01 - Reference Identification Qualifier	'SY' – Social Security Number
76	2100C	REF	REF02 - Reference Identification	Social Security Number
<b>Inquiry by Social Security Number and Date of Birth</b>				
71	2100C	NM1	NM101 - Entity Identifier Code	'IL' – Insured or Subscriber
72	2100C	NM1	NM102 - Entity Type Qualifier	'1' – Person
76	2100C	REF	REF01 - Reference Identification Qualifier	'SY' – Social Security Number



<b>270 Eligibility Verification Request</b>				
<b>Page</b>	<b>Loop</b>	<b>Segment</b>	<b>Data Element</b>	<b>Comments</b>
76	2100C	REF	REF02 - Reference Identification	Social Security Number
84	2100C	DMG	DMG01 - Date Time Period Format Qualifier	'D8' - Date expressed as CCYYMMDD
84	2100C	DMG	DMG02 - Date Time Period	Member Birth Date
<b>Inquiry by Name, Date of Birth and Sex</b>				
71	2100C	NM1	NM101 - Entity Identifier Code	'IL' – Insured or Subscriber
72	2100C	NM1	NM102 - Entity Type Qualifier	'1' – Person
72	2100C	NM1	NM103 - Name Last or Organization Name	Member Last Name
72	2100C	NM1	NM104 - Name First	Member First Name
84	2100C	DMG	DMG01 - Date Time Period Format Qualifier	'D8' - Date expressed as CCYYMMDD
84	2100C	DMG	DMG02 - Date Time Period	Member Birth Date
84	2100C	DMG	DMG03 - Gender Code	'M' or 'F' – Member Gender Code
<b>Subscriber Name</b>				
<b>Note:</b> DTP segment can be included in the above documented inquiries. However, it is required when requesting an Inquiry by Name, Date of Birth and Sex. If not received, the day the transaction was processed will be considered Date of Service.				
88	2100C	DTP	DTP01 - Date/Time Qualifier	'307' – Eligibility '435' – Admission '472' - Service
88	2100C	DTP	DTP02 - Date Time Period Qualifier	'RD8' – Range of Dates Expressed in Formation CCYYMMDD-CCYYMMDD



<b>270 Eligibility Verification Request</b>				
<b>Page</b>	<b>Loop</b>	<b>Segment</b>	<b>Data Element</b>	<b>Comments</b>
88	2100C	DTP	DTP03 - Date Time Period	'CCYYMMDD-CCYYMMDD'
<b>Subscriber Eligibility or Benefit Inquiry Information</b>				
90	2110C	EQ	EQ01 - Service Type Code	'30' – Health Benefit Plan Coverage Georgia only supports generic eligibility request



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## 7 Companion Guide For The 271 Transaction

This section specifies X12 271 fields for which Georgia Medicaid has specific requirements.

<b>271 Eligibility Verification Response</b>				
<b>Page</b>	<b>Loop</b>	<b>Segment</b>	<b>Data Element</b>	<b>Comments</b>
<b>Information Source Level</b>				
159	2000A	HL	HL01 - Hierarchical ID Number	'1' – Hierarchical ID Number
159	2000A	HL	HL03 - Hierarchical Level Code	'20' – Information Source
159	2000A	HL	HL04 - Hierarchical Child Code	'1' – Additional Subordinate HL Data Segment in this Hierarchical Structure
160	2000A	AAA	AAA01 - Yes/No Condition or Response Code	'N' – No
161	2000A	AAA	AAA03 - Reject Reason Code	'42' – Unable to Respond at Current Time
<b>Information Source Name</b>				
164	2100A	NM1	NM103 - Name Last or Organization Name	'GEORGIA HEALTH PARTNERSHIP'
165	2100A	NM1	NM108 - Identification Code Qualifier	'PI' – Payer Identification
165	2100A	NM1	NM109 - Identification Code	'77034' – Georgia Medicaid Payer ID
169	2100A	PER	PER01 – Contact Function Code	'IC' – Information Contact
169	2100A	PER	PER02 – Name	'EDI SERVICES TEAM'
169		PER	PER03 – Communication Number Qualifier	'TE' – Telephone
170		PER	PER04 – Communication Number	'8772618785'



<b>271 Eligibility Verification Response</b>				
<b>Page</b>	<b>Loop</b>	<b>Segment</b>	<b>Data Element</b>	<b>Comments</b>
170		PER	PER05 – Communication Number Qualifier	'TE' – Telephone
170		PER	PER06 – Communication Number	'7703259590'
<b>Information Receiver Level</b>				
176	2000B	HL	HL01 - Hierarchical ID Number	'2' – Hierarchical ID Number
176	2000B	HL	HL02 - Hierarchical Parent ID Number	'1' – Parent ID Number
176	2000B	HL	HL03 – Hierarchical Level Code	'21' – Information Source
177	2000B	HL	HL04 - Hierarchical Child Code	'1' – Additional Subordinate HL Data Segment in this Hierarchical Structure
<b>Information Receiver Name</b>				
180	2100B	NM1	NM108 - Identification Code Qualifier	'SV' – Georgia Medicaid Provider Number 'XX' - NPI
181	2100B	NM1	NM109 - Identification Code	If an NPI exists for a valid Service Provider Number, the NPI is returned even when the Georgia Medicaid Provider Number was used in the 270 request.
185	2100B	AAA	AAA01 - Yes/No Condition or Response Code	'N' – No
185	2100B	AAA	AAA03 - Reject Reason Code	'50' or '51' – (50 = Provider Ineligible for Inquiries) (51 = Provider Not on File)
<b>Subscriber Level</b>				
188	2000C	HL	HL01 - Hierarchical ID Number	'3' – Hierarchical ID Number



<b>271 Eligibility Verification Response</b>				
<b>Page</b>	<b>Loop</b>	<b>Segment</b>	<b>Data Element</b>	<b>Comments</b>
188	2000C	HL	HL02 - Hierarchical Parent ID Number	'Parent ID Number'
189	2000C	HL	HL03 - Hierarchical Level Code	'22' – Subscriber
189	2000C	HL	HL04 - Hierarchical Child Code	'0' - No Subordinate HL Segment Hierarchical Structure
<b>Subscriber Name</b>				
195	2100C	NM1	NM108 – Identification Code Qualifier	'MI' – 'Georgia Medicaid Identification Number' <b>Note:</b> We will return the 'active ID'
195	2100C	NM1	NM109 – Identification Code	This will return the Member's active (current) Medicaid Identification Number.
NOTE: Medicaid Member Address (N3 and N4) will only be returned if EB01 equals value other than 6 or 7 and no AAA segment is returned within this loop.				
200	2100C	N3	N301 – Address Information	Medicaid Member Address 1
200	2100C	N3	N302 – Address Information	Medicaid Member Address 2
201	2100C	N4	N401 – City Name	Medicaid Member City
202	2100C	N4	N402 – State	Medicaid Member State
202	2100C	N4	N403 – Postal Code	Medicaid Member Zip Code
202	2100C	N4	N405 – Location Qualifier	'CY' - County
197	2100C	REF	REF01 – Reference Identification Qualifier	'NQ' – 'Medicaid Member Identification Number' <b>Note:</b> If this element is populated, it is an indication



271 Eligibility Verification Response				
Page	Loop	Segment	Data Element	Comments
				that the Medicaid Identification number sent on the 270 inquiry is no longer active in the Medicaid database and that the Member has been issued a new, active ID.
197	2100C	REF	REF02 – Reference Identification	This element, if populated, will contain the Member's Medicaid Identification Number as it was presented on the original 270 eligibility request.

Repeating Segment Begins				
Page	Loop	Segment	Data Element	Comments
<b>1<sup>st</sup> Occurrence: Echo Trace Numbers sent in 270</b>				
191	2000C	TRN	TRN01 - Trace Type Code	'2' – Referenced Transaction Trace Numbers
191	2000C	TRN	TRN02 - Reference Identification	This will be equal to the value in the 2000C – TRN02 data element received on the 270.
192	2000C	TRN	TRN03 - Originating Company Identifier	This will be equal to the value in the 2000C – TRN02 data element received on the 270.
<b>2<sup>nd</sup> Occurrence GAMMIS Assigned Trace Number</b>				
191	2000C	TRN	TRN01 - Trace Type Code	'1' – Current Transaction Trace Numbers
191	2000C	TRN	TRN02 - Reference Identification	Sender Assigned Trace Number
192	2000C	TRN	TRN03 - Originating Company Identifier	Originating Company Identifier
<b>Repeating Segment Ends</b>				



Repeating Segment Begins				
Page	Loop	Segment	Data Element	Comments
<b>1<sup>st</sup> Repetition: Patient Account Number</b>				
197	2100C	REF	REF01 - Reference Identification Qualifier	'EJ' – Patient Account Number
<b>2<sup>nd</sup> Repetition: Social Security Number</b>				
197	2100C	REF	REF01 - Reference Identification Qualifier	'SY' – Social Security Number
<b>3<sup>rd</sup> Repetition: Medicare HIC</b>				
197	2100C	REF	REF01 - Reference Identification Qualifier	'F6' – Health Insurance Claim (HIC) Number
Repeating Segment Ends				

Subscriber Eligibility or Benefit Information				
Page	Loop	Segment	Data Element	Comments
Repeating Loop Begins				
<b>Loop 2110C: 1<sup>st</sup> Repetition (Medicaid and Waiver)</b>				
219	2110C	EB	EB01 - Eligibility or Benefit Information	'1' - Active Coverage '6' - Inactive': The purpose of this response is to inform you that the Member is found, however, there is no active coverage.
221	2110C	EB	EB03 - Service Type Code	'30' – Health Benefit Plan Coverage
226	2110C	EB	EB04 - Insurance Type Code	'MC' - Medicaid
228	2110C	EB	EB05- Plan Coverage Description	Aid category and Aid category description.
240	2110C	DTP	DTP01 - Date/Time Qualifier	'307' – Eligibility



<b>Subscriber Eligibility or Benefit Information</b>				
<b>Page</b>	<b>Loop</b>	<b>Segment</b>	<b>Data Element</b>	<b>Comments</b>
241	2110C	DTP	DTP02 - Date Time Period Format Qualifier	'RD8' – Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD
241	2110C	DTP	DTP03 - Date Time Period	'CCYYMMDD-CCYYMMDD'
244	2110C	MSG	MSG01 – Free Form Message Text	<p>"MEDICAID"</p> <p>Aid category 865 – "THIS IS A PRESUMPTIVE ELIGIBLE MEMBER. INPATIENT HOSPITAL AND DELIVERY PROCEDURES ARE NOT COVERED".</p> <p>Aid categories 280,281,282,289, 290 and 291 with no hospice lock-in – "THIS IS A HOSPICE PATIENT".</p> <p>Aid category 177 – "ELIGIBLE FOR FAMILY PLANNING SERVICES ONLY".</p> <p>Only one message will be returned, messages will not be concatenated in this data element.</p>
<b>Loop 2110C: 2<sup>nd</sup> Repetition (QMB)</b>				
219	2110C	EB	EB01 - Eligibility or Benefit Information	<p>'1' - Active Coverage</p> <p>'6' - Inactive': The purpose of this response is to inform you that the Member is found, however, there is no active coverage.</p>
221	2110C	EB	EB03 - Service Type Code	<p>'30' – Health Benefit Plan Coverage</p> <p>'82' – Family Planning when aid category = 177.</p>
226	2110C	EB	EB04 - Insurance Type Code	'MC' - Medicaid
228	2110C	EB	EB05- Plan Coverage Description	Aid category and Aid category description.
240	2110C	DTP	DTP01 - Date/Time Qualifier	'307' – Eligibility



<b>Subscriber Eligibility or Benefit Information</b>				
<b>Page</b>	<b>Loop</b>	<b>Segment</b>	<b>Data Element</b>	<b>Comments</b>
241	2110C	DTP	DTP02 - Date Time Period Format Qualifier	'RD8' – Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD
241	2110C	DTP	DTP03 - Date Time Period	'CCYYMMDD-CCYYMMDD'
244	2110C	MSG	MSG01 – Free Form Message Text	Aid categories 660 and 460 – "QUALIFIED MEDICARE BENEFICIARY - ELIGIBLE FOR MEDICARE COINSURANCE AND DEDUCTIBLE REIMBURSEMENT ONLY".  Only one message will be returned, messages will not be concatenated in this data element.
<b>Loop 2110C: 3<sup>rd</sup> Repetition (Medicare Part A)</b>				
219	2110C	EB	EB01 - Eligibility or Benefit Information	'R' – Other or Additional Payor
221	2110C	EB	EB03 - Service Type Code	'30' – Health Benefit Plan Coverage
226	2110C	EB	EB04 - Insurance Type Code	'MA' – Medicare Part A
238	2110C	REF	REF01 - Reference Identification Qualifier	'F6' – HIC Number
239	2110C	REF	REF02 - Reference Identification	Medicare ID
240	2110C	DTP	DTP01 - Date/Time Qualifier	'307' – Eligibility
241	2110C	DTP	DTP02 - Date Time Period Format Qualifier	'RD8' – Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD
241	2110C	DTP	DTP03 - Date Time Period	'CCYYMMDD-CCYYMMDD'



<b>Subscriber Eligibility or Benefit Information</b>				
<b>Page</b>	<b>Loop</b>	<b>Segment</b>	<b>Data Element</b>	<b>Comments</b>
249	2110C	LS	LS01 - Loop Header	'2120' – Constant Value
250	2120C	NM1	NM101 – Entity Identifier Code	'PR' – Payer
251	2120C	NM1	NM102 – Entity Type Qualifier	'2' – Non-Person Entity
251	2120C	NM1	NM103 - Name Last or Organization Name	'Medicare Part A'
264	2110C	LE	LE01 – Loop Identifier Code	'2120'
<b>Loop 2110C: 4<sup>th</sup> Repetition (Medicare Part B)</b>				
219	2110C	EB	EB01 - Eligibility or Benefit Information	'R' – Other or Additional Payor
221	2110C	EB	EB03 - Service Type Code	'30' – Health Benefit Plan Coverage
226	2110C	EB	EB04 - Insurance Type Code	'MB' – Medicare Part B
238	2110C	REF	REF01 - Reference Identification Qualifier	'F6' – HIC Number
239	2110C	REF	REF02 - Reference Identification	Medicare ID
240	2110C	DTP	DTP01 - Date/Time Qualifier	'307' – Eligibility
241	2110C	DTP	DTP02 - Date Time Period Format Qualifier	'RD8' – Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD



<b>Subscriber Eligibility or Benefit Information</b>				
<b>Page</b>	<b>Loop</b>	<b>Segment</b>	<b>Data Element</b>	<b>Comments</b>
241	2110C	DTP	DTP03 - Date Time Period	'CCYYMMDD-CCYYMMDD'
249	2110C	LS	LS01 - Loop Header	'2120' – Constant Value
250	2120C	NM1	NM101 – Entity Identifier Code	'PR' – Payer
251	2120C	NM1	NM102 – Entity Type Qualifier	'2' – Non-Person Entity
251	2120C	NM1	NM103 - Name Last or Organization Name	'Medicare Part B'
264	2110C	LE	LE01 – Loop Identifier Code	'2120'
<b>Loop 2110C: 5<sup>th</sup> Repetition (Medicare Part C)</b>				
219	2110C	EB	EB01 - Eligibility or Benefit Information	'R' – Other or Additional Payor
221	2110C	EB	EB03 - Service Type Code	'30' – Health Benefit Plan Coverage
226	2110C	EB	EB04 - Insurance Type Code	'OT' – Other
228	2110C	EB	EB05- Plan Coverage Description	Medicare Plan Name
238	2110C	REF	REF01 - Reference Identification Qualifier	'F6' – HIC Number
239	2110C	REF	REF02 - Reference Identification	Medicare ID



<b>Subscriber Eligibility or Benefit Information</b>				
<b>Page</b>	<b>Loop</b>	<b>Segment</b>	<b>Data Element</b>	<b>Comments</b>
240	2110C	DTP	DTP01 - Date/Time Qualifier	'307' – Eligibility
241	2110C	DTP	DTP02 - Date Time Period Format Qualifier	'RD8' – Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD
241	2110C	DTP	DTP03 - Date Time Period	'CCYYMMDD-CCYYMMDD'
249	2110C	LS	LS01 - Loop Header	'2120' – Constant Value
250	2120C	NM1	NM101 – Entity Identifier Code	'PR' – Payer
251	2120C	NM1	NM102 – Entity Type Qualifier	'2' – Non-Person Entity
251	2120C	NM1	NM103 - Name Last or Organization Name	'Medicare Part C'
264	2110C	LE	LE01 – Loop Identifier Code	'2120'
<b>Loop 2110C: 6<sup>th</sup> Repetition (Medicare Part D) – Member has Medicare Part D Coverage</b>				
219	2110C	EB	EB01 - Eligibility or Benefit Information	'R' – Other or Additional Payor
221	2110C	EB	EB03 - Service Type Code	'30' – Health Benefit Plan Coverage
226	2110C	EB	EB04 - Insurance Type Code	'OT' – Other
228	2110C	EB	EB05- Plan Coverage Description	Medicare Plan Name



Subscriber Eligibility or Benefit Information				
Page	Loop	Segment	Data Element	Comments
238	2110C	REF	REF01 - Reference Identification Qualifier	'F6' – HIC Number
239	2110C	REF	REF02 - Reference Identification	Medicare ID
240	2110C	DTP	DTP01 - Date/Time Qualifier	'307' – Eligibility
241	2110C	DTP	DTP02 - Date Time Period Format Qualifier	'RD8' – Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD
241	2110C	DTP	DTP03 - Date Time Period	<b>From Date:</b> 1 <sup>st</sup> day of the month of Part D eligibility based on the request date submitted or from date of service submitted on 270 transaction whichever is greater <b>To Date:</b> 99991231 or to date of service submitted on 270 transaction, whichever is smaller. 'CCYYMMDD-CCYYMMDD'
244	2110C	MSG	MSG01 – Free Form Message Text	Contract Number and/or Plan ID
249	2110C	LS	LS01 - Loop Header	'2120' – Constant Value
250	2120C	NM1	NM101 – Entity Identifier Code	'PR' – Payer
251	2120C	NM1	NM102 – Entity Type Qualifier	'2' – Non-Person Entity
251	2120C	NM1	NM103 - Name Last or Organization Name	'Medicare Part D'
258	2120C	PER	PER01 – Contact Function Code	'IC' – Information Contact



<b>Subscriber Eligibility or Benefit Information</b>				
<b>Page</b>	<b>Loop</b>	<b>Segment</b>	<b>Data Element</b>	<b>Comments</b>
258	2120C	PER	PER02 – Name	Medicare Plan Name
258	2120C	PER	PER03 – Communication Number Qualifier	'TE' – Telephone
259	2120C	PER	PER04 – Communication Number	'Contact Telephone Number
264	2110C	LE	LE01 – Loop Identifier Code	'2120'
<b>Loop 2110C: 7<sup>th</sup> Repetition (Medicare Part D) – Member has DECLINED Medicare Part D Coverage</b>				
219	2110C	EB	EB01 - Eligibility or Benefit Information	'E' – Exclusions
221	2110C	EB	EB03 - Service Type Code	'30' – Health Benefit Plan Coverage
226	2110C	EB	EB04 - Insurance Type Code	'OT' – Other
244	2110C	MSG	MSG01 – Free Form Message Text	Member refused Part D coverage. This member has Medicaid medical coverage only with no prescription coverage and has declined coverage under the Medicare Part D prescription coverage"
<b>Loop 2110C: 8<sup>th</sup> Repetition (Third Party Liability)</b>				
219	2110C	EB	EB01 - Eligibility or Benefit Information	'R' – Other or Additional Payor
221	2110C	EB	EB02 - Coverage Level Code	'IND' – Individual



<b>Subscriber Eligibility or Benefit Information</b>				
<b>Page</b>	<b>Loop</b>	<b>Segment</b>	<b>Data Element</b>	<b>Comments</b>
221	2110C	EB	EB03 - Service Type Code	'30' – Health Benefit Plan Coverage
226	2110C	EB	EB04 - Insurance Type Code	'OT' – Other
228	2110C	EB	EB05- Plan Coverage Description	Coverage Description
238	2110C	REF	REF01 - Reference Identification Qualifier	'IG' – Insurance Policy Number
239	2110C	REF	REF02 - Reference Identification	Insurance Policy Number
238	2110C	REF	REF01 - Reference Identification Qualifier	'6P' – Group Number
239	2110C	REF	REF02 - Reference Identification	Group Number
240	2110C	DTP	DTP01 - Date/Time Qualifier	'307' – Eligibility
241	2110C	DTP	DTP02 - Date Time Period Format Qualifier	'RD8' – Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD
241	2110C	DTP	DTP03 - Date Time Period	'CCYYMMDD-CCYYMMDD'
249	2110C	LS	LS01 - Loop Header	'2120' – Constant Value
250	2120C	NM1	NM101 – Entity Identifier Code	'PR' – Payer
251	2120C	NM1	NM102 – Entity Type Qualifier	'2' – Non-Person Entity



<b>Subscriber Eligibility or Benefit Information</b>				
<b>Page</b>	<b>Loop</b>	<b>Segment</b>	<b>Data Element</b>	<b>Comments</b>
251	2120C	NM1	NM103 - Name Last or Organization Name	Carrier Name
252/253	2120C	NM1	NM108 – Identification Code Qualifier	'PI' – Payor Identification
253	2120C	NM1	NM109 – Identification Code	Carrier Code
254	2120C	N3	N301 – Address Information	Address 1
254	2120C	N3	N302 – Address Information	Address 2
255	2120C	N4	N401 – City Name	City
256	2120C	N4	N402 – State or Province Code	State
256	2120C	N4	N403 – Postal Code	Zip Code
264	2110C	LE	LE01 – Loop Identifier Code	'2120'
<b>Loop 2110C: 9<sup>th</sup> Repetition (Lock-In)</b>				
219	2110C	EB	EB01 - Eligibility or Benefit Information	'1' - Active Coverage '6' - Inactive': The purpose of this response is to inform you that the Member is found, however, there is no active coverage.
221	2110C	EB	EB03 - Service Type Code	'30' – Health Benefit Plan Coverage
228	2110C	EB	EB05- Plan Coverage Description	Program Code and Description



<b>Subscriber Eligibility or Benefit Information</b>				
<b>Page</b>	<b>Loop</b>	<b>Segment</b>	<b>Data Element</b>	<b>Comments</b>
240	2110C	DTP	DTP01 - Date/Time Qualifier	'307' – Eligibility
241	2110C	DTP	DTP02 - Date Time Period Format Qualifier	'RD8' – Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD
241	2110C	DTP	DTP03 - Date Time Period	'CCYYMMDD-CCYYMMDD'
249	2110C	LS	LS01 - Loop Header	'2120' – Constant Value
250	2120C	NM1	NM101 – Entity Identifier Code	'1P' – Provider
251	2120C	NM1	NM102 – Entity Type Qualifier	'2' – Non-Person Entity
251	2120C	NM1	NM103 - Name Last or Organization Name	Carrier Name
258	2120C	PER	PER01 – Contact Function Code	'IC' – Information Contact
258	2120C	PER	PER02 – Name	Lock-in Provider
258	2120C	PER	PER03 – Communication Number Qualifier	'TE' – Telephone
259	2120C	PER	PER04 – Communication Number	'Contact Telephone Number
264	2110C	LE	LE01 – Loop Identifier Code	'2120'



Subscriber Eligibility or Benefit Information				
Page	Loop	Segment	Data Element	Comments
<b>Loop 2110C: 10<sup>th</sup> through 23<sup>rd</sup> Repetition</b> <ul style="list-style-type: none"> <li>• Diagnostic Lab</li> <li>• Diagnostic Dental</li> <li>• Health Benefit Plan Coverage</li> <li>• Dental Care</li> <li>• Prosthodontics</li> <li>• Routine (Preventive) Dental</li> <li>• Home Health Visits</li> <li>• Family Planning</li> <li>• Podiatry-Office Visits</li> <li>• Podiatry-Nursing Home Visits</li> <li>• Physician Visit-Office</li> <li>• Physician Visit-Nursing Home</li> <li>• Psychiatric</li> <li>• Vision</li> </ul>				
219	2110C	EB	EB01 - Eligibility or Benefit Information	'F' – Limitations
21	2110C	EB	EB03 - Service Type Code	'30' – Health Benefit Plan Coverage
228	2110C	EB	EB05- Plan Coverage Description	Description of Limitation
229	2110C	EB	EB09 – Quantity Qualifier	'QA' - Quantity Approved '99' – Quantity Used
230	2110C	EB	EB10 – Quantity	If, EB09=QA Quantity Approved If, EB09=99 Quantity Used
235	2110C	HSD	HSD05 – Time Period Qualifier	'22' – Service Year '23' – Calendar Year '32' – Life Time
235	2110C	HSD	HSD06 – Number of Periods	Frequency of Benefits



<b>Subscriber Eligibility or Benefit Information</b>				
<b>Page</b>	<b>Loop</b>	<b>Segment</b>	<b>Data Element</b>	<b>Comments</b>
<b>Loop 2110C: 24<sup>th</sup> Repetition (Dental X-Rays)</b>				
219	2110C	EB	EB01 - Eligibility or Benefit Information	'F' – Limitations
221	2110C	EB	EB03 - Service Type Code	'30' – Health Benefit Plan Coverage
228	2110C	EB	EB05- Plan Coverage Description	'Dental X-Rays'
228	2110C	EB	EB06 – Time Period Qualifier	'23' – Calendar Year '31' – Not Exceeded
229	2110C	EB	EB07 – Monetary Amount	Amount Approved or Used
235	2110C	HSD	HSD05 – Time Period Qualifier	'22' – Service Year '23' – Calendar Year '32' – Life Time
235	2110C	HSD	HSD06 – Number of Periods	Frequency of Benefits
<b>Loop 2110C: 25<sup>th</sup> Repetition (Managed Care)</b>				
219	2110C	EB	EB01 - Eligibility or Benefit Information	'L' - Primary Care Provider
221	2110C	EB	EB03 - Service Type Code	'96' – Professional (Physician)
226	2110C	EB	EB04 - Insurance Type Code	'MC' – Medicaid
228	2110C	EB	EB05- Plan Coverage Description	Managed Care Program Description
240	2110C	DTP	DTP01 - Date/Time Qualifier	'307' – Eligibility



<b>Subscriber Eligibility or Benefit Information</b>				
<b>Page</b>	<b>Loop</b>	<b>Segment</b>	<b>Data Element</b>	<b>Comments</b>
241	2110C	DTP	DTP02 - Date Time Period Format Qualifier	'RD8' – Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD
241	2110C	DTP	DTP03 - Date Time Period	'CCYYMMDD-CCYYMMDD'
249	2110C	LS	LS01 - Loop Header	'2120' – Constant Value
250	2120C	NM1	NM101 – Entity Identifier Code	'1P' – Provider
251	2120C	NM1	NM102 – Entity Type Qualifier	'1' - Person '2' – Non-Person Entity
251	2120C	NM1	NM103 - Name Last or Organization Name	Managed Care Provider Organization Name or Last Name
252	2120C	NM1	NM104 - Name First	Managed Care Provider First Name
258	2120C	PER	PER01 – Contact Function Code	'IC' – Information Contact
258	2120C	PER	PER03 – Communication Number Qualifier	'TE' – Telephone
259	2120C	PER	PER04 – Communication Number	'Contact Telephone Number'
264	2110C	LE	LE01 – Loop Identifier Code	'2120'
<b>Loop 2110C: 26<sup>th</sup> Repetition (LTC)</b>				
219	2110C	EB	EB01 - Eligibility or Benefit Information	'CB' - Coverage Basis



<b>Subscriber Eligibility or Benefit Information</b>				
<b>Page</b>	<b>Loop</b>	<b>Segment</b>	<b>Data Element</b>	<b>Comments</b>
221	2110C	EB	EB03 - Service Type Code	'54' – Long Term Care
226	2110C	EB	EB04 - Insurance Type Code	'MC' – Medicaid
228	2110C	EB	EB05 - Plan Coverage Description	Level of Care Code and Description
240	2110C	DTP	DTP01 - Date/Time Qualifier	'307' – Eligibility
241	2110C	DTP	DTP02 - Date Time Period Format Qualifier	'RD8' – Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD
241	2110C	DTP	DTP03 - Date Time Period	'CCYYMMDD-CCYYMMDD'
249	2110C	LS	LS01 - Loop Header	'2120' – Constant Value
250	2120C	NM1	NM101 – Entity Identifier Code	'1P' – Provider
251	2120C	NM1	NM102 – Entity Type Qualifier	'1' - Person '2' – Non-Person Entity
251	2120C	NM1	NM103 - Name Last or Organization Name	Provider Organization Name or Last Name
252	2120C	NM1	NM104 - Name First	Provider First Name
258	2120C	PER	PER01 – Contact Function Code	'IC' – Information Contact
258	2120C	PER	PER03 – Communication Number Qualifier	'TE' – Telephone



<b>Subscriber Eligibility or Benefit Information</b>				
<b>Page</b>	<b>Loop</b>	<b>Segment</b>	<b>Data Element</b>	<b>Comments</b>
259	2120C	PER	PER04 – Communication Number	'Contact Telephone Number'
264	2110C	LE	LE01 – Loop Identifier Code	'2120'
<b>Loop 2110C: 27<sup>th</sup> Repetition (Hospice)</b>				
219	2110C	EB	EB01 - Eligibility or Benefit Information	'CB' - Coverage Basis
221	2110C	EB	EB03 - Service Type Code	'45' – Hospice
226	2110C	EB	EB04 - Insurance Type Code	'MC' – Medicaid
228	2110C	EB	EB05 - Plan Coverage Description	Program Code and Description
240	2110C	DTP	DTP01 - Date/Time Qualifier	'307' – Eligibility
241	2110C	DTP	DTP02 - Date Time Period Format Qualifier	'RD8' – Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD
241	2110C	DTP	DTP03 - Date Time Period	'CCYYMMDD-CCYYMMDD'
249	2110C	LS	LS01 - Loop Header	'2120' – Constant Value
250	2120C	NM1	NM101 – Entity Identifier Code	'1P' – Provider
251	2120C	NM1	NM102 – Entity Type Qualifier	'1' - Person '2' – Non-Person Entity



<b>Subscriber Eligibility or Benefit Information</b>				
<b>Page</b>	<b>Loop</b>	<b>Segment</b>	<b>Data Element</b>	<b>Comments</b>
251	2120C	NM1	NM103 - Name Last or Organization Name	Provider Organization Name or Last Name
252	2120C	NM1	NM104 - Name First	Provider First Name
258	2120C	PER	PER01 – Contact Function Code	'IC' – Information Contact
258	2120C	PER	PER03 – Communication Number Qualifier	'TE' – Telephone
259	2120C	PER	PER04 – Communication Number	'Contact Telephone Number'
264	2110C	LE	LE01 – Loop Identifier Code	'2120'
<b>Loop 2110C: 28<sup>th</sup> Repetition (Patient Liability)</b>				
219	2110C	EB	EB01 - Eligibility or Benefit Information	'G'- Out of Pocket (Stop Loss)
221	2110C	EB	EB03 - Service Type Code	'54' – Long Term Care
226	2110C	EB	EB04 - Insurance Type Code	'MC'– Medicaid
228	2110C	EB	EB05 - Plan Coverage Description	'Patient Liability'
228	2110C	EB	EB06 – Time Period Qualifier	'31' – Not Exceed '34' – Month
229	2110C	EB	EB07 – Monetary Amount	If, EB06=31 Patient Liability Paid If, EB06=34 Patient Liability Amount for Month



<b>Subscriber Eligibility or Benefit Information</b>				
<b>Page</b>	<b>Loop</b>	<b>Segment</b>	<b>Data Element</b>	<b>Comments</b>
240	2110C	DTP	DTP01 - Date/Time Qualifier	'307' – Eligibility
241	2110C	DTP	DTP02 - Date Time Period Format Qualifier	'RD8' – Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD
241	2110C	DTP	DTP03 - Date Time Period	'CCYYMMDD-CCYYMMDD'
240	2110C	DTP	DTP01 - Date/Time Qualifier	'348' – Benefit Begin
241	2110C	DTP	DTP02 - Date Time Period Format Qualifier	'D8' - Date expressed as CCYYMMDD
241	2110C	DTP	DTP03 - Date Time Period	'CCYYMMDD'
249	2110C	LS	LS01 - Loop Header	'2120' – Constant Value
250	2120C	NM1	NM101 – Entity Identifier Code	'1P' – Provider
251	2120C	NM1	NM102 – Entity Type Qualifier	'1' - Person '2' – Non-Person Entity
251	2120C	NM1	NM103 - Name Last or Organization Name	Provider Organization Name or Last Name
252	2120C	NM1	NM104 - Name First	Provider First Name
258	2120C	PER	PER01 – Contact Function Code	'IC' – Information Contact
258	2120C	PER	PER03 – Communication Number Qualifier	'TE' – Telephone



<b>Subscriber Eligibility or Benefit Information</b>				
<b>Page</b>	<b>Loop</b>	<b>Segment</b>	<b>Data Element</b>	<b>Comments</b>
259	2120C	PER	PER04 – Communication Number	'Contact Telephone Number'
264	2110C	LE	LE01 – Loop Identifier Code	'2120'
<b>Loop 2110C: 29<sup>th</sup> Repetition (PeachCare)</b>				
219	2110C	EB	EB01 - Eligibility or Benefit Information	'1' - Active Coverage '6' - Inactive': The purpose of this response is to inform you that the Member is found, however, there is no active coverage.
221	2110C	EB	EB03 - Service Type Code	'30' – Health Benefit Plan Coverage
226	2110C	EB	EB04 - Insurance Type Code	'OT'– Other
228	2110C	EB	EB05 - Plan Coverage Description	Aid Category and Aid Category Description
240	2110C	DTP	DTP01 - Date/Time Qualifier	'307' – Eligibility
241	2110C	DTP	DTP02 - Date Time Period Format Qualifier	'RD8' – Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD
241	2110C	DTP	DTP03 - Date Time Period	'CCYYMMDD-CCYYMMDD'
244	2110C	MSG	MSG01 – Free Form Message Text	'PEACHCARE'
<b>Loop 2110C: 30<sup>th</sup> Repetition (CoPay)</b>				
219	2110C	EB	EB01 - Eligibility or Benefit Information	'B' - CoPayment



Subscriber Eligibility or Benefit Information				
Page	Loop	Segment	Data Element	Comments
244	2110C	MSG	MSG01 – Free Form Message Text	'COPAY   REQUIRED'
Repeating Loop Ends				